

2013 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000001291

1. Entity Name
JOY CARE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 APR 30 AM 7:27

Principal Place of Business
3204 MONTAGUE AVENUE
SPRING HILL, FL 34608

Mailing Address
3204 MONTAGUE AVENUE
SPRING HILL, FL 34608



04012013 Chg-LLC CR2E083 (12/11)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1969879

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENSON, JUAH T
22303 SKYVIEW CIRCLE
BROOKSVILLE, FL 34602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2013 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BENSON, JUAH T
22303 SKYVIEW CIRCLE
BROOKSVILLE, FL 34602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
☐ Delete

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05/02/13--01006--001 **138.75

TITLE
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☐ Change ☐ Addition
MAY - 2 2013
T. HAMPTON

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

E-MAIL ADDRESS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 APR 30 AM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 1, 2013

JUAH BENSON
3204 MONTAGUE AVE
SPRING HILL, FL 34608

SUBJECT: JOY CARE, LLC
Ref. Number: L05000001291

We have received your document for JOY CARE, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 313A00007592